



United States
ENVIRONMENTAL PROTECTION AGENCY
Washington, DC 20460

OPP Identifier Number

Office of Pesticides Programs (7505C)

**Application for Experimental Use Permit to Ship and
Use a Pesticide for Experimental Purposes Only**

1. Type of Application

- ☐ New ☐ Amendment (See No. 2)
☐ Extension (Give Permit Number below)

2. Briefly explain (attach a separate sheet if necessary)

Permit Number

**3. Name and Address of Firm/Person to Whom the Experimental Use
Permit is to be issued (include Zip Code) (Type or Print)**

**4. Name and Address of Shipper only if shipment is intended or if
different from applicant's name and address (include Zip Code)
(Type or Print)**

EPA Company Number

6. Is Product Registered with EPA?

5. Name of Product

- ☐ No
☐ Yes (Give Registration Number or File Symbol below)
Registration Number _____
File Symbol _____

7. Total Quantity of Product Proposed for Shipment/Use

8. Acreage or Area to be Treated

9. Proposed Period of Shipment/Use

Pounds of formulated product _____

Pounds of active ingredient _____

10. Places from which Shipped

11. Crop/Site to be Treated

**12. Specify the name and number of the contact person most familiar
with this application.**

13. Signature of Applicant or Authorized Firm Representative

14. Title

15. Date Signed

Certification

This is to certify that food or feed derived from the experimental program will not be used or offered for consumption or sale for consumption, except by laboratory or experimental animals, if illegal residues are present in or on such food or feed.

I certify that the statements I have made on this form and all attachments thereto are true, accurate, and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment, or both, under applicable law.

Below for EPA Use Only

In any correspondence on this application, refer to this number

Received by:
EPA-OPP Registration Division,
Washington, DC 20460

Normal review time indicates that processing of this application should be completed by (date)

Name of EPA Contact Person

Telephone Number